## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 181 AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. DEP. DEP. IND. DEP. IND. DEP. IND. IND. IND. :7 ·7 **—**į TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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